

**EMPLOYEES RETIREMENT SYSTEM (ERS)
ENROLLMENT FORM
Optional Member**

| | | | | |
|-----------------------------|-------------|-----------------------------|------------|-----------------|
| First Name | Middle Name | Last Name | Birth Date | Clock # |
| Address (Number and Street) | | City | State | Zip |
| Appointment Type | | Assigned Work Week in Hours | | Enrollment Date |

1) Certain employees have an option to join ERS. These "optional members" are employees employed in one of the following job classifications:

- Seasonal Employees
- Emergency Appointments (EA)

Except the following Emergency Appointments that are NOT included as optional members:

- Employees whose last period of continuous membership began prior to 12/24/1967
- Employees on leave of absence to accept an emergency appointment
- Employees whose positions have been reclassified
- Student Workers
- Interns
- Trainees
- Non-civil service positions including resident physicians

2) Optional members may elect to become members of ERS, which makes them eligible for pension benefits after becoming vested. Most ERS members, whether optional or automatic, are required to contribute a percentage of their compensation to ERS under Ordinance section 201.24(3.11). This contribution will vary from year to year. Optional employees who elect into ERS are required, pursuant to Ordinance section 201.24(3.3), to contribute an additional 6% of their compensation to ERS. Additionally, optional members will see a Federal Insurance Contributions Act (FICA) tax (6.2%) and Medicare Tax (1.45%) deducted from their paychecks.

3) If an optional member elects not to participate in ERS, that member is automatically enrolled in the OBRA 1990 Retirement System of the County of Milwaukee ("OBRA"). OBRA members are not subject to the 6% contribution under Ordinance section 201.24(3.3) or the FICA tax, but remain subject to an employee contribution under OBRA and the Medicare Tax. The OBRA employee contribution will also vary from year to year.

☐ By checking this box, I elect to become a member of ERS and agree to the deductions explained in paragraph 2. Please fill out the beneficiary designation information below and the Membership Account Beneficiary Designation form.

☐ By checking this box, I elect NOT to become a member of ERS. I understand that I will have the deductions explained in paragraph 3 deducted from my paycheck and I will not be a member of ERS. I further understand that I will be a member of OBRA and as such will complete an OBRA Enrollment Form along with the OBRA Beneficiary Designation form.

1. Were you ever employed by Milwaukee County before? Y or N If Yes, under what name? _____

2. If you previously worked for Milwaukee County, did you withdraw your membership account? Y or N

3. Were you ever employed by the City of Milwaukee or State of WI? Y or N. If Yes, complete the following:

What was your name while employed? _____ Dates of Employment. _____

If your answer to #3 is yes, you will receive a form from ERS (*Employee Summary of Prior Employment Covered by a Wisconsin Public Employees Retirement System ET-7356*) to complete so that we may obtain prior service information from these other system(s).

DESIGNATION OF BENEFICIARY(IES)

I hereby designate the following beneficiary(ies) to receive any lump sum death benefit which may become payable after my death under Section 201.24 of the Milwaukee County Ordinances. I understand that this beneficiary designation is only for a death benefit which may become payable and that I must complete the additional form to designate beneficiary(ies) to receive the balance of my Membership Account containing my employee contributions.

| Name | Address | Birthdate | Relationship | Share |
|------|---------|-----------|--------------|-------|
| | | | | |
| | | | | |

Signature of Witness:

Employee Signature

Address of Witness

Date

EMPLOYEES' RETIREMENT SYSTEM
OF THE COUNTY OF MILWAUKEE ("ERS")

Membership Account Beneficiary Designation

Effective _____, 20____

I hereby designate the following individual as my beneficiary for my ERS Membership Account.

| _____ Name | _____ Date of Birth | _____ Relationship |
|---------------|------------------------|-----------------------|
|---------------|------------------------|-----------------------|

My ERS Membership Account will include my employee contributions to ERS. I understand that the completion of a separate beneficiary designation form is necessary to designate a beneficiary for any additional benefit payable to my beneficiary as a result of my death. I understand that my beneficiary designated here will be entitled to payment of the lump sum balance of my Membership Account if I terminate employment by reason of my death or if I am eligible for a deferred vested pension at the time of my death. I understand that, if a joint and survivor option is effective or a survivorship benefit is payable, the Membership Account shall not be paid to my beneficiary. However, if the amount of the Membership Account at the date of my death exceeds the total of the amount of the payments made to my spouse and children under Ordinance sections 201.24(6.1), (6.2), (6.4) and (7.1), after all payments due have been made, the excess shall be paid in a lump sum to my beneficiary.

I also understand that this election may be revoked or changed at any time prior to my death, and is automatically cancelled, if my beneficiary is my spouse, in the event of our divorce prior to my death.

In the event of the death of my primary beneficiary, or my divorce from my spouse prior to my death, if my primary beneficiary is my spouse, I hereby designate the following contingent beneficiary(ies) for my ERS Membership Account. I may also designate a second contingent beneficiary in the event of the death of my primary beneficiary and first contingent beneficiary.

Contingent Beneficiary 1

| _____ Name | _____ Date of Birth | _____ Relationship |
|---------------|------------------------|-----------------------|
|---------------|------------------------|-----------------------|

Contingent Beneficiary 2

| _____ Name | _____ Date of Birth | _____ Relationship |
|---------------|------------------------|-----------------------|
|---------------|------------------------|-----------------------|

| _____ Signature | _____ Witness's Signature |
|--------------------|------------------------------|
|--------------------|------------------------------|

| _____ Print Name | _____ Print Witness's Name |
|---------------------|-------------------------------|
|---------------------|-------------------------------|

| _____ Date | _____ Date |
|---------------|---------------|
|---------------|---------------|

Witness's Phone Number